

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. BAH-25-337

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Matthew J. Memoli, Acting Director of the
 was received by me on *(date)* 02/07/2025 . National Institutes of Health

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or


☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: Certified U.S. Mail, Postage Prepaid, Return Receipt Requested
 Delivered on 2/13/2025

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 03/05/2025



Server's signature

Kenyon North, Jr. Paralegal

Printed name and title

Jenner & Block LLP
1099 New York Ave., NW, Ste. 900
Washington, D.C. 20001

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Case 8:25-cv-00337-BAH

Document 123-6

Filed 03/10/25

Page 2 of 2

Certified Mail Fee

\$

Extra Services & Fees (check box, and fee as appropriate)

☐ Return Receipt (hard copy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

\$

Total Postage and Fees

\$

MATTHEW J. MEMOLI

National Institutes of Health

9000 Rockville Pike

Bethesda, MD 20892

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MATTHEW J. MEMOLI
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892



9590 9402 4801 8344 9858 51

2. Article Number (Transfer from service label)

7018 1830 0002 1706 6361

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Anita Hogan

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Anita Hogan

C. Date of Delivery

2/13/25

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt